NC DHHS – NC DMH/DD/SAS
Diagnostic Assessment (DA)
Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

A diagnostic/assessment determines whether the recipient is appropriate for and can benefit from mental health, developmental disabilities, and/or substance abuse services based on the recipient's diagnosis, presenting problems, and treatment/recovery goals. It also evaluates the recipient's level of readiness and motivation to engage in treatment. Results from a diagnostic/assessment include an interpretation of the assessment information, appropriate case formulation and an order for immediate needs and the development of the person centered plan.

Provider Requirements

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

a. Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

b.(1). Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

b.(2). Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that <u>all employees required per the service definition are in place at the time of the clinical interview</u> and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules,

attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

a. Review Policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions to ensure there are two Qualified Professionals, that meet the requirements according to 10A NCAC 27.G.0104 and that both are licensed or certified. Also review to determine if the staff have the skill, knowledge and experience to provide the intensive clinical & functional evaluation specified in the Program Requirements section below.

b. Review policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions to ensure that one of the Qualified Professionals hired to provide Diagnostic Assessment will be a licensed physician, licensed psychologist, nurse practitioner, or physician assistant.

c.1. Review policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions that for SA focused diagnostic assessments the team must include a qualified professional credentialed as a CCS or LCAS.

Review policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions that for DD focused assessments, the team must include a Master's level QP with at least 2 years experience with DD.

Service Type/Setting
The elements in this section pertain to the provider's having an understanding that Diagnostic Assessment is a periodic service that can be provided in any location, as well as understanding the role of DA in the service delivery system..

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that DA is provided as a periodic service and is being provided in appropriate locations.

a. It is important that consumers are served in accordance with the service definition in an appropriate location.

Program Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs and that the service results in a documented outcome that meets all eight elements within the Diagnostic Assessment service definition.

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition and the eight required elements.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the DA. Review documentation to determine clinical integrity, and a thorough evaluation that meets all eight elements within the Diagnostic Assessment service definition.

a. Review in policy and procedure manuals and program descriptions for language demonstrating that the Diagnostic Assessment will be an intensive clinical & functional evaluation of a consumer's mental health, developmental disability or substance abuse condition that results in the issuance of a diagnostic assessment report with a recommendation regarding whether the consumer meets target population criteria. Review for evidence that documents that the Diagnostic Assessment will contain all eight required elements and provide recommendations for enhanced benefit service delivery.

Review the diagnostic assessment for evidence of each of the following eight elements:
1. A chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipients symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts;
2. Biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
3. A description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications
4. Strengths/problems summary which addresses risk of harm, functional status, comorbidity, recovery environment, and treatment and recovery history;
5. Diagnoses on all five axes of DSM-IV;
6. Evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
7. A recommendation regarding target population eligibility; and
8. Evidence of recipient participation including families, or when applicable, guardians or other caregivers.

b. Review in policy and procedure manuals and program descriptions for language demonstrating that for substance abuse focused diagnostic assessments, the designated diagnostic tool specified by the division (e.g. SUDDS IV, ASI, SASSI) for specific SA target populations, (i.e. Work first, DWI, etc) will be utilized and that any elements included in this service definition that are not covered by the tool will be completed.

c. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. All staff performing DA must be interviewed.

Documentation Requirements

Review in policy and procedure manuals and program descriptions for language demonstrating that documentation for the Diagnostic Assessment will include all eight of the elements listed in the service definition. The 60 day follow-up review should include a review of service records to verify that all components for the Diagnostic Assessment are included and that all eight of the required elements in the service definition were addressed.